



DCPS Office of Out-of-School Time – 1200 First Street NE, Washington, DC 20002 – 202.442.5002

Summer School Site: \_\_\_\_\_

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

2009/2010 Grade: \_\_\_\_\_ 2009/2010 School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CONTACT INFORMATION**

Parent or Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PICK-UP INFORMATION**

Please check all that apply.

☐ My child may be picked up by any of the following people:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ My child may walk home alone at \_\_\_\_\_ p.m. unless otherwise specified.

**RELEASE INFORMATION – I agree to the following terms:**

I hereby give permission for my child to participate in summer school activities sponsored by DCPS.

I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_